

Lisa Cline (Michael)

MAGALY BLANCO (Mother)
2850 REDLANDS RD

246-9275 (c. Nov. 11)
on

DAMAGE ASSESSMENT FORM

Building Name THE DAN ROBERTS HOUSE

Address 18240 S.W. 248 street (COCONUT PALM DRIVE)

City (or Vicinity) and County Dade County REDLAND

Owner (Mrs. EARSIE DELCHAMPS.)

Date of Construction 1926

Folio No. _____

Primary Use

- | | | | |
|-------------------------------------------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Residential (1-2 units) | <input type="checkbox"/> Residential 3+ units | <input type="checkbox"/> Office Building | <input type="checkbox"/> School |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Mixed | <input type="checkbox"/> Church | <input type="checkbox"/> Lodge |
| <input type="checkbox"/> Industrial/Warehouse | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Bank | <input type="checkbox"/> Other _____ |

Description

- | | | |
|--------------------------------------------------|--------------------------------|-------------------------|
| <input checked="" type="checkbox"/> Freestanding | <input type="checkbox"/> Row | No. of Stories _____ |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Attic | No. Chimney(s) <u>1</u> |
| <input type="checkbox"/> Electrical System _____ | | |

Construction Type

- | | | | |
|------------------------------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Masonry Bearing Wall | <input type="checkbox"/> Veneer/Steel Frame | <input checked="" type="checkbox"/> Wood Frame | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Veneer/Concrete Frame | <input checked="" type="checkbox"/> Concrete Unit | <input type="checkbox"/> Other | |
- COMBINATION wood FRAME HOUSE, and concrete PORCHE STRUCTURE.

Surface Covering

- | | | |
|--------------------------------------|-------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Stucco | <input checked="" type="checkbox"/> Wood Siding (lap/other) | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Roof _____ | |

Foundation

- | | | | | |
|----------------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Concrete Slab | <input checked="" type="checkbox"/> Block | <input type="checkbox"/> Limestone Rubble | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unknown |
|----------------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------|----------------------------------|

Geological Natural of Site

- | | | | | |
|---------------------------------------------|------------------------------------|-------------------------------|--------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Bedrock | <input type="checkbox"/> Soil/Sand | <input type="checkbox"/> Fill | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unknown |
|---------------------------------------------|------------------------------------|-------------------------------|--------------------------------------|----------------------------------|

Historical Designation

- | | | | |
|--------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> National Register | <input type="checkbox"/> Local | <input type="checkbox"/> Local District | <input type="checkbox"/> State |
| <input checked="" type="checkbox"/> Dade County Historic Survey (Rating) _____ | | | <input type="checkbox"/> None <input type="checkbox"/> Unknown |

Failing Hazards

	Hazards	No Apparent Hazard	Unknown	Comments
Chimney(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>The STALK is Follow</u> _____ _____ _____ _____
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof Structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Structural Assessment

- ☐ No Damage or Easily Repairable
- ☐ Damage Repairable
- ☐ Damage Will Require Massive Repair/Reconstruction

Recommendations for Further Inspection THEY'RE HAVING A STRUCTURAL ENGINEER CHECK THE INTERIOR PLASTER CRACKS FOR STRUCTURAL DAMAGE

Recommendations for Immediate Actions CHIMNEY NEEDS TO BE COVERED; BROKEN WINDOWS NEED COVERING; OVERALL IN GOOD CONDITION

Recommendations for Future Repair Work CEILING INSIDE HAVE LOST SECTIONS OF THE PLASTER; CHIMNEY NEEDS TO BE REBUILT; HAIRLINE CRACKS IN PLASTER REPAIRED

Recommendations for Immediate Stabilization STRUCTURE SEEMS TO BE IN GOOD CONDITION

Salvageable Materials

- | | |
|---------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Wood siding (lap, other) | <input type="checkbox"/> Structural members (Dade County Pine) |
| <input type="checkbox"/> Fixtures/hardware | <input type="checkbox"/> Other _____ |

Failing Hazards (Con't)

	Hazards	No Apparent Hazard	Unknown	Comments
Parapet/Cornice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Hazards

☐ Electrical _____ ☐ Debris _____ ☐ Gas _____

Damage Observations

Rating Scale

None (0%) 0

Slight (1-10%)

Moderate (11-40%)

Severe (41-60%)

Total (over 60%)

Not Observed: NO

Not Applicable: NA

%

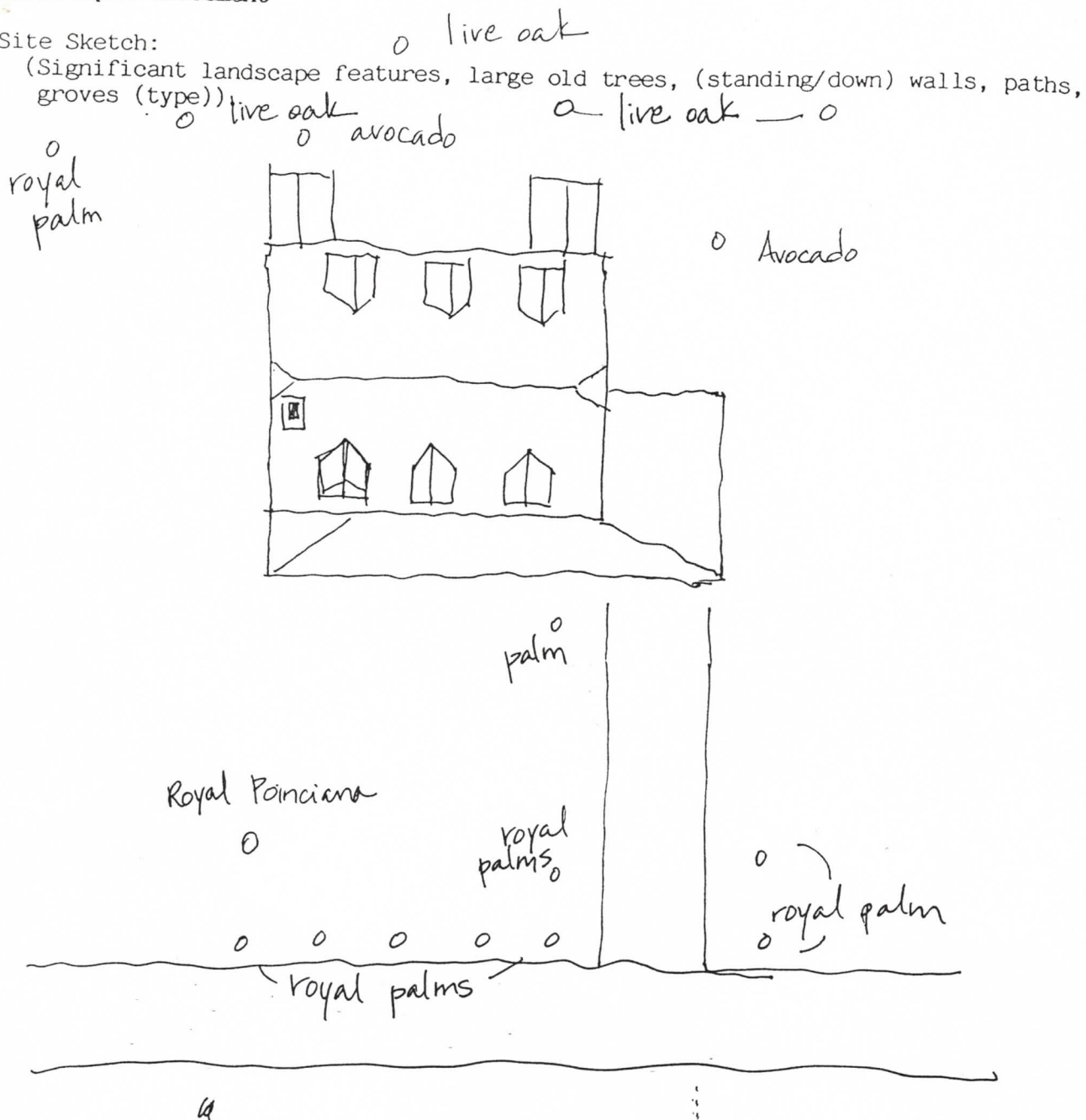
Comments

Exterior Walls	0-5	/	THERE COULD HAVE BEEN
Frame (General Condition)	0-5		SOME SHIFTING THAT
Frame Members	0-5		OCCURRED DURING STORM
Frame Connections	0-5		
Roof Framing	0-5		
Roof Covering	0-5		
Foundation	0-5		
Chimney(s)	40		CHIMNEY BLOWN OVER
Doors	0-5		
Windows and Shutters	20		SOME BREAKAGE
Porch	0-5		
Downspouts and Gutters	—		
Interior Bearing/Shear Walls	5		NO APPARENT REAL DAMAGE;
Partitions (Nonbearing)	5		SOME CRACKING IN THE PLASTER
Floor(s)	10		SOME WATER DAMAGE
Stair(s)	0-5		
Glass	20		SOME BREAKAGE
Mechanical Equipment	0-5		NO APPARENT DAMAGE
Electrical Equipment	5		
Garden and Trees	60-70		
Fences and Garden Walls	—		NO
Walkways and Sidewalks	—		NO APPARENT DAMAGE
Other: _____	—		
Total Damage	5		

Landscape Assessment

Site Sketch:

(Significant landscape features, large old trees, (standing/down) walls, paths, groves (type))



Comments:

- 4 royal palms down
- avocado tree uprooted
- most trees still standing, just lost limbs

Inspector(s) Alisa Block Agency/Team U.M./Hist.Pres. Date 9.9.92
Photographs or Video (Roll and Numbers) _____